

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JUNE 13, 1885.

Original.

AN ENDEMIC OF MEASLES.*

BY JOHN G. CECIL, M. D.

About the middle of last February two boys ran away from the Masonic Home. After an absence of a few days they were returned. During their absence they were exposed to measles; immediately after their arrival at the Home, on the 17th of February, one of them complained of severe headache, his face was suffused, eyes congested, nose discharging mucus, and the temperature elevated. Both were isolated. Never at any time had they communication with any of the other children. On the day following an eruption appeared, which answered the description of measles. There are in the Home about 160 children, 108 of whom stated that they had never had the disease. The first case occurred on February 17th. On the 1st day of March (the twelfth day after the boy had returned) a little girl, on the opposite side of the house, being as far removed from the boy as it is possible to be in the Home, and without having had any communication as far as we know with the case of measles, gave unmistakable evidence of having caught the disease. She was also immediately isolated. The next day, March 2d, the thirteenth day of the first case, another boy broke out; on the fifteenth day of the endemic four cases appeared—two on each side of the house. It now being evident that an endemic would prevail no further isolation was attempted. The cases then appeared as follows: On the sixteenth day after the first case, one case; on the seventeenth day, three cases; on the twentieth day, three cases; on the twenty-first day, four cases; on the twenty-second day, five cases; on the twenty-third

day, twelve cases; on the twenty-fourth day, fourteen cases; on the twenty-fifth day after the first case, fourteen days after the second case, twenty-seven cases broke out; on the twenty-sixth day there were six cases; on the twenty-seventh day there were four cases; on the twenty-ninth day, one case, making a total of eighty-seven cases, the average period of incubation being about two weeks. The endemic was characterized by mildness in every phase, the average duration of sickness being three days. The average highest temperatures of all cases, 102.55°F.; only two registered as high as 105°; sixteen registered between 103° and 105°; eighteen registered between 103° and 104°. Fifty-four had the eruption broken out thickly, nineteen very thinly, and fourteen moderately well. Two had epistaxis; four had earache, and slight discharge following. Their ages varied from one to seventeen years. Two cases had attacks of pneumonia following the measles; in both the pneumonia was confined to lower lobe of right lung, one occurring on the fifth and one on the eighth day after the measles. Temperature ran 104.5° in one, and 104.3° in the other. Both cases ran a mild course, and made good recovery. There was also one case complicated on the fourth day of the measles by an attack of acute rheumatism, with temperature as high as 104.3°, which was promptly relieved by sodium salicylate. One case had an attack of gastric fever lasting about a week. There were no fatal cases, and at this time, six weeks after the last case appeared, all are entirely well.

Treatment was of the simplest kind. A fever mixture containing potas. acet., liq. ammon. acet., spts. eth. nit., and aq. camph., was given during the febrile stage. Inunction of sweet-oil was practiced from the beginning of the eruption until the scales dropped off. When cough was severe and harassing a few drops of paregoric were added to each dose of the fever mixture.

*Read before the Louisville Medico-Chirurgical Society, May 15, 1885.

A CASE OF MULTIPLE SPINAL SCLEROSIS.

BY JAMES WEIR, M. D.

The following case is remarkable from the fact that the patient was only thirteen years old, and that the spinal affection followed an attack of scarlatina. I first saw the patient in February (13th inst.), when he was brought to me by his mother, who brought him for treatment for "spasms of his muscles." I treated him for several weeks, and as there was no material evidence of recovery, or benefit, he became discouraged and discontinued his visits. He died last week of typhoid fever, and I was fortunate enough to secure his spinal cord. He was a negro (Geo. E.) of rather full habit, and notwithstanding the fact that he had just passed through a most severe attack of scarlatina, did not seem to have lost much flesh. On examination I found the little, ring, and middle fingers of his right hand inverted, the palmar aponeurosis and its digital prolongations being firmly contracted. There seemed to be loss of co-ordination in the extensor muscles of the lower extremity, with slight paralysis. There was also slight contraction of the plantar aponeurosis of the left foot, the great toe and second toe being inverted. He walked very unsteadily, and this titubating gait was the first symptom noticed by his mother, the contractions in his fingers and toes coming on subsequent to the appearance of his vacillating gait. After a most careful examination I diagnosed the case "Dupuytren's finger contraction," the seat of the trouble being in the trophic cells of the anterior column of the spinal cord. Most cases of "Dupuytren's finger contraction" are due to gout, rheumatism, or some local inflammation, though there are many cases cited where the disease was the result of changes in the trophic cells. Duchenne says there is a striking similarity between acute muscular atrophy and "finger contraction." We know positively that muscular atrophy is due to a diseased condition of the trophic cells in the anterior column of the spinal cord. Duchenne and Aran, supported by many other neurologists, assert that the finger contraction is sometimes produced by inflammation and consequent disorganization of the trophic cells independent of any local cause. The loss of co-ordination and paralysis in the lower extremity pointed to a lesion existing in the cord, so

I came to the conclusion that the case was one of "Dupuytren's finger contraction." The loss of co-ordination, etc., I attributed to reflex causes entirely. I put the patient on tonic treatment. I wished to prepare him for Adams' operation. It was while under this treatment that he became discouraged and left me. The spinal cord on section showed that his trouble was true multiple spinal sclerosis—the "*scélrose en plaques disséminées*" of Charcot. Sclerotic plates were found disseminated throughout the whole cord with the exception of that portion which is called the "posterior root zones of Charcot," or the column of Burdach. This portion of the cord was entirely healthy. The anterior root zones (anterior columns), the anterior and posterior gray cornua, and the columns of Turck and Goll were all involved. The disease seemed to shun the posterior columns entirely. I made a most careful search for diseased patches in this portion of the cord, but failed to find any. Multiple spinal sclerosis is seldom met with as a sequela of scarlatina, and equally infrequent is it found in a subject so young as my patient. Dupuytren's finger contraction is an affection of middle age, though the exceptions are by no means few. I thought, until my examination of the cord was made, that I had met with an exception. How greatly was I mistaken!

LOUISVILLE, KY.

ACUTE ARTICULAR RHEUMATISM FOLLOWED BY PHLEGMASIA ALBA DOLENS.

BY J. F. IRVINE, M. D.

On the morning of January 19, 1885, I was called to see G. J. D., aged forty-eight, a farmer by occupation, from whom I obtained the following statement: The patient says that sixteen years ago he had an attack of rheumatism, which lasted him two months, and that in his time he has had nearly all the diseases that are prevalent in this country.

His condition when I found him was as follows: He was suffering from a very severe pain in his left wrist-joint, aggravated by the least motion. His temperature was 101°, pulse 96, respirations 24. The patient, having had some acquaintance with rheumatism, recognized the character of the pain. My diagnosis being rheumatism, I

prescribed fifteen grains of sodium salicylate, to be taken every two hours until the pain in the joint should subside. I saw the patient on next day. He was no better at the wrist, and the elbow and shoulder-joints were now involved.

I now added to the above fifteen grains of potassium bicarbonate, and ordered blisters to affected joints. January 21st: The joints were relieved, but the patient complained of suffering in the region of the heart. An examination revealed a friction murmur. On the next day, being unable to lie down, he was propped up in bed by means of pillows. Syncope came on whenever he assumed the recumbent position. The heart sounds were muffled and distant, the apex beat was in the fourth intercostal space, and other evidences of pericardial effusion were present. From a sudden rise of the temperature I was led to suspect endo-carditis also.

The patient was put on opium and calomel, the sodium salicylate and potass. bicarb. being continued. To omit these was to subject the patient to a return of the joint pain. As the sodium salicylate seemed to have a depressing effect on the heart, tr. digitalis was given in six-drop doses every four hours, and continued so long as the salicylate was given, which was some time after the pericarditis had subsided.

During the patient's convalescence, the right lung became the seat of a pneumonia at the base. This was treated exactly as it would have been had the rheumatism not existed. The pneumonia subsided and the patient was discharged.

On the 23d of March he again sent for me; he was now suffering from a severe pain in the lower part of the abdomen, which, descending along the spermatic cord, caused a retraction of left testicle. The symptoms being obscure, a diagnosis was not made, but relief was obtained by the use of a cloth wrung out of hot water, and sprinkled with spirits of turpentine. At the next visit patient's left leg was found to be somewhat swollen, and it was evident that there was great obstruction to the venous circulation in that extremity. A diagnosis was now made of a venous thrombus in the iliac vein. This being a veritable case of phlegmasia alba dolens, the pain above noted must have been due to a commencing phlebitis.

The object in reporting this case is not to call any special attention to the treatment adopted, nor to give a detailed account of

the clinical history, such as the temperature curve, pulse, etc, which is always tedious to the reader, and wasteful of space in a journal, but rather to show that notwithstanding the early and energetic use of the sodium salicylate in conjunction with potash, and the application of blisters, the disease progressed to a serious degree, as shown by the damage sustained by the heart.

On May 23d, the patient was submitted to a careful examination, and the condition of his heart found to be as follows: The aortic (second) sound was absent (this was confirmed by Dr. R. N. Taylor, who examined the case with me) and a systolic murmur could be distinctly heard. This shows that there must have been considerable endocarditis.

Although ten weeks have elapsed since the commencement of the phlegmasia, the thrombus seems not to have undergone little if any change. The limb is still very large, but is doing well under treatment, by means of a rubber bandage. With the exception of the heart trouble, which does not give him great annoyance, he seems in a fair way to make a perfect recovery.

BURTONVILLE, KY.

Miscellany.

PROGRESS OF THE CHOLERA VACCINATION EXPERIMENTS.—The Medical Record says that Dr. Ferrán has been conducting his inoculation experiments on a large scale in Alcira, a town of upward of twenty-five thousand inhabitants, situated about twenty-five miles distant from Valencia. Almost immediately upon his arrival, when the object of his visit was made known, so many people presented themselves for vaccination that the virus was exhausted, and he was obliged to return to Valencia to prepare a fresh supply. A correspondent of *Las Provincias*, a newspaper of Valencia, writes that when Dr. Ferrán, in company with Dr. Pauli, arrived the second time in Alcira, they were greeted with almost an ovation, and crowds of people of all classes flocked around them to be inoculated. At the time of writing, over two thousand two hundred persons had already been vaccinated, and there was apparently no diminution in the numbers of those awaiting their turn, and the correspondent predicts that there will hardly be an individual in the city who will not have been inoculated at the expiration

of Dr. Ferrán's visit. Two girls, in an asylum where the inoculation had been practiced, had for some reason been passed over, and both of them were subsequently attacked, the other inmates remaining free. This occurrence soon became known, and created a profound sensation, inducing many, who had hitherto been incredulous or indifferent, to present themselves for vaccination. Outside of Alcira, also, the enthusiasm over Ferrán's experiments continues, and the journal *La Independencia Médica* has established a new department, called the "*Sección Ferrániana*," which is to be devoted exclusively to reports of these inoculation experiments. In the last number received of that journal two thirds of its space is given up to this subject. In the presence of experiments on so large a scale as those of Alcira, we shall not long be left in doubt as to the value, or otherwise, of Dr. Ferrán's discovery.

CHOLERA.—Dr. J. E. Baker made recently a report on cholera before the Kings County Medical Society (New York Med. Jour.). He concludes:

1. That cholera occurs mainly in great epidemics, starting in India and moving in a westerly direction, reaching America usually about a year after its appearance in Europe.

2. That the fourth great epidemic has reached Europe.

3. That the identity of the comma bacillus as the causative agent of cholera is not as yet accepted by all scientific investigators.

4. That the manner of transportation and diffusion is generally by means of rags and polluted clothing, the latter being worn usually by emigrants.

5. That the incubation period is very short, the onset of the disease very sudden, and the prostration following quite rapid.

6. That filth in all its forms is a necessary concomitant to the disease. Filth may exist without cholera, but cholera seldom prevails without filth.

7. That the disease can be arrested and completely stamped out by efficient and vigorous sanitation, as has been demonstrated beyond all question.

8. That in addition to the extreme importance of efficient sanitation is the absolute necessity of the prompt attention to immediate treatment by the method of house-to-house visitation within the cholera limits; and, if need be, the instant removal of patients to hospital accommodations.

VOMITING OF PREGNANCY.—Dr. Graily Hewitt read a paper before the Obstetrical Society, of London, on the severe or so-called uncontrollable vomiting of pregnancy, he concludes: (1) That the cases in which the disease is due to some other organ than the uterus are so few in number (only one in the series of thirty-two) that they may be almost excluded from consideration. (2) That in the large majority of cases the disease presents itself during the first half of pregnancy. (3) That the evidence points to interference with the normal expansion and growth of the gravid uterus, as the condition of the production of this dangerous affection, and that this is most frequently brought about by or in connection with detention of the bulk of the uterus in the bony pelvis; in eighty-eight per cent the uterus being anteflexed or anteverted, and in twelve per cent in a state of retroversion. The other conditions met with being hardness, resistance, or unusual rigidity of the os and tissues of the cervix. (4) There appear to be two factors to be considered capable of interfering with the expansion of the uterus, (a) incarceration with flexion or version, (b) undue hardness and rigidity of os and cervix.

THE NEW YORK Medical Journal says that the International Sanitary Conference at Rome passed a resolution declaring that a ship not provided with a medical officer should undergo a consular inspection at Suez. This measure, together with the five days' quarantine of infected vessels determined upon, seems to have stirred up no little opposition among the English, and one of the leading London newspapers declares that England can not assent to such a regulation, which it looks upon as an embargo on all Oriental commerce and as "further evidence of the unfriendly spirit of the European powers led by France."

NEPHRECTOMY, ITS INDICATIONS AND CONTRA-INDICATIONS.—Dr. S. W. Gross, of Philadelphia, presented a number of statistics on this subject to the American Surgical Association, at its recent meeting in Washington. The following conclusions were drawn:

1. Primary extirpation of the kidney is indicated, first in sarcoma of adult subjects; secondly, in the early state of tubercular disease; thirdly, in rupture of the kidney or of the ureter; and, fourthly, in benign tumors.

2. Nephrectomy should not be resorted to until after the failure of other measures; first, in urinary fistulae of the kidney or of the ureter; secondly, in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or of the ureter made in the performance of ovariectomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydro-nephrosis and cysts; and, lastly, in floating kidney.

3. The operation is absolutely contra-indicated, first, in calculus of an otherwise healthy kidney; secondly, in sarcoma of children; thirdly, in carcinoma at any age, unless the disease can be diagnosticated and removed at an early stage; and, fourthly, in the advanced stage of tubercular disease.

SCHULTZ'S METHOD OF RESUSCITATING THE NEW-BORN.—At the annual meeting of the Medico-Chirurgical Faculty, of Maryland (Medical Record), Dr. Neale illustrated Schultz's method of resuscitating the new-born child in cases of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator and its anterior surface to the front; it is then swung upward, so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Silvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—At the recent annual meeting, held in New York, the following named gentlemen were elected officers for the ensuing year: Dr. William Pepper, of Philadelphia, President; Dr. Frank Donaldson, of Baltimore, First Vice-President; Dr. Beverley Robinson, of New York, Second Vice-President; Dr. J. B. Walker, of Philadelphia, Secretary and Treasurer.

HEPATOTOMY AND LAPAROTOMY ABROAD. The British Medical Journal says: On May 6th, Mr. Lawson Tait performed laparotomy and hepatotomy at Nice, on Prof. Budin, of the Faculty of Paris. Prof. Budin has been ill for two years past. His symptoms

pointed from the first to some abnormal condition of the liver. A consultation between Professors Tarnier, Brouardel, Bonchardat, and Drs. Bar and Tham took place, when it was decided that laparotomy should be resorted to. Mr. Lawson Tait was asked to go to Nice to do this. On cutting into the liver he found a tumor containing a great mass of hydatids, which he successfully removed. A drainage tube was left in the wound. Since the operation Prof. Budin has made an uninterrupted recovery.

BROMIDE OF ETHYL AS AN ANESTHETIC IN LABOR.—In the American Journal of Obstetrics for June, Dr. E. E. Montgomery furnishes an interesting communication on the use of the Bromide of Ethyl as an Anesthetic in Labor. He says that the ideal obstetric anesthetic is one which will act rapidly, surely, and safely, one whose effects are of short duration and that can be carried in small compass. The bromide of ethyl answers these demands. It is colorless, has no unpleasant odor, and when breathed removes the sensation of pain without destroying intelligence. It is better borne than chloroform and more rapidly eliminated. He has used it in twenty-nine cases with satisfactory results, and urges for it an extended trial.

GREAT HYPERTROPHY OF THE CLITORIS.—Dr. W. B. Pratt (Maryland Medical Journal) exhibited this extraordinary specimen at the Clinical Society of Maryland. He had removed it at Bayview Hospital, March 16th, from a young mulatto, aged twenty-five. It was said to be of three years growth only. The patient was a syphilitic, and had condylomata about the anus. The growth measured five and three quarter inches in length and eight inches in circumference; it was hanging over the entrance to the vagina as far as the anus, causing pain in the back and difficult urination. The growth was removed by thin cuts, and then the *ecraseur* was applied for the rest of the tumor. Rapid recovery resulted without a bad symptom.

PIROTOXIN IN THE NIGHT-SWEATS OF PHTHISIS.—In several cases in which atropine, quinine, and ergot had proved unsuccessful, Dr. Westbrook obtained excellent results with picrotoxin. It was given by hypodermic injection in doses of one half to one milligram ($\frac{1}{16}$ to $\frac{1}{8}$ grain), gradually increased to three milligrams. It was also efficacious when given by the mouth.

OBSERVATIONS ON THE CUTANEOUS AND DEEP REFLEXES.—Dr. Philip C. Knapp, of Boston, records, in the April number of the *American Journal of the Medical Sciences*, a series of observations upon the cutaneous and deep reflexes of two hundred and thirty-nine persons, from which he draws the following conclusions:

1. Absence of the plantar or cremaster reflex is usually pathological, depending on a direct lesion of the reflex arc, or some cerebral disturbance.

2. Absence of the other cutaneous reflexes is not necessarily pathological.

3. Absence of the patellar reflex may be due to cerebral disturbance, especially in alcoholic subjects.

4. Ankle and patellar clonus are pathological.

5. The deep reflexes of the upper extremity are of frequent occurrence, and have no special pathological significance.

6. The costal reflex is found in the majority of cases without general exaggeration of the reflexes, and with no signs of phthisis, incipient or advanced.

7. When the reflexes differ on the two sides, though it usually signifies some unilateral disease of the nervous system, it is not always pathological.

Finally, his observations have led him to emphasize the value of testing all the reflexes, cutaneous and deep, in the upper extremity as well as in the lower, and on the two sides of the body, in examining patients with nervous disease.

In the city of Lima, Peru, there were, during the month of January last, thirty-seven deaths from smallpox, thirty-two of the victims being under twelve years of age. If there be not an anti-vaccination league in this town, then somebody has been supplying the doctors with bull virus, which as a taking failure is making great reputation.

HOT WATER IN ASPHYXIA OF THE NEW-BORN.—In the following cases the use of hot water was eminently successful (*Gatschkowsky, in Russkaja Med.*):

1. The child was born during an eclampsia of the mother. Face and body were cyanosed. Douching with cold water, swinging of the body up and down for nearly twenty minutes were negative. Plunging into hot water—all but the head—was then resorted to. A deep inspiration instantly ensued, followed by loud cries. Next day the child was quite well.

2. The second case was a podal delivery of an asphyxiated child. It was kept ten minutes in a tepid bath without drawing a breath; hot water was then poured into the bath until it became unbearable to the fingers, when the child commenced crying.—*St. Louis Medical and Surgical Journal.*

THE town council of Plymouth, Pa., where the epidemic of typhoid fever has been raging, was indicted for maintaining a nuisance, and for criminal neglect of duty, in not keeping the town in good sanitary condition.

ATROPIA IN ETHER NARCOSIS.—From a series of experiments on animals, Dr. R. W. Amidon concludes that atropia by hypodermic injection is the remedy in ether narcosis and asphyxia.

THE Medical Record says that the original drawings for Jaeger's "Atlas of Diseases of the Fundus of the Eye," have been purchased by Prof. Norris, of Philadelphia, for 4,500 florins (\$2,250.)

THE prize for the best essay on the prevention of blindness, offered by the English Society for the Prevention of Blindness, has been awarded to a German physician, Dr. Fusch.

DR. E. F. UPHAM, of Vermont, a member of the International Medical Congress Committee, returning from a trip south, was this week in the city a few days.

THE enlarged Committee of the International Medical Congress has been called by the chairman to meet at the Palmer House, Chicago, June 24th.

DR. S. SHERWELL, of Brooklyn, claims that acne is often due to urethral irritation, and can be cured by the use of cold sounds.

AT the recent meeting of the Pennsylvania State Medical Society, Dr. Wood, of Pittsburgh, was elected President.

It is said that camphor water is the most efficient antiseptic for preserving solutions of the sulphate of atropine and physostigmine.

DR. WM. E. ROGERS, a prominent surgeon, of Memphis, Tenn., died in that city, May 21st, in the fifty-ninth year of his age.

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CHEMICAL TESTS FOR NEOPLASMS.

A New York journal, in an editorial upon the diagnosis of cancer, treats its readers to the following gems of scientific sapience. We quote for comment, and trust that the editor will take as a compliment our imitation of his way of according credit to his esteemed contemporaries.

A Vienna journal publishes an interesting case, where a prominent surgeon was called upon to operate in a disease which had been diagnosticated as carcinoma by an eminent physician and refused, on the ground that Freund, after subjecting the blood to a medical examination, insisted that the case was not one of cancer but of syphilis. The case was accordingly treated for syphilis and cured.

Freund's process, the correctness of which has been verified in over seventy cases without a single failure, consists in taking about one dram of blood, diluting it with water, and, after adding a few drops of a solution of chloride of iron and acetate of soda to precipitate albuminates, the liquid is warmed and neutralized by a solution of caustic potash and filtered. If a small quantity of Fehling's solution is added and subjected to heat, a yellowish precipitate shows the presence of sugar. If this is not obtained, a few drops of muriatic acid is to be added, the mixture again warmed and neutralized and Fehling's solution added. If glycogen is present this process changes it into sugar, which is seen in the yellow precipitate. Freund refers the reduction of Fehling's solution to the

presence of sugar in the blood which could not be found in the urine in an appreciable quantity. The blood of sarcomatous patients, subjected to the same process, shows the presence of peptones, which can easily be detected with acetic acid and the yellow prussiate of potash, but will be free from sugar or glycogen, while the blood of carcinomatous patients is positively free from peptones, but will contain sugar or glycogen. In this examination we must ascertain by the usual tests that there is no diabetes in the carcinomatous and no anemia in the sarcomatous patients.

Without venturing an opinion upon the diagnostic skill of prominent physicians and surgeons, who must bide a chemical analysis of the blood ere they settle the question of the syphilitic or cancerous nature of a given neoplasm, let us analyze some of the physiology and chemistry of the physiological chemist here quoted.

It is taught by the physiologists that sugar in small but varying amounts is a constant constituent of the blood; and if this be true it would not be remarkable if any specimen drawn from a subject with or without a tumor and deprived of its albuminous constituents should react faintly with Fehling's solution.

It is further taught that glycogen is a non-diffusible substance; that it is in short animal dextrine reduced from the sugar of the portal blood, and held in store by the hepatic cells, so that it may as sugar be slowly set free into the general circulation to serve the purposes of the economy. Glycogen is, however, a constant constituent of muscle, and may have place in other semi-solid tissues; but its ability to migrate through the vessels, except perhaps as emboli, is questionable at least; and, even if it should be found fluid in the blood, its presence there would have as good a physiological warrant as that of sugar.

Whenever the quantity of sugar in the blood exceeds three parts per thousand it gives evidence of the fact by prompt appearance in the urine. Now, while there may be numerous derangements and diseases which are competent to overturn this physiological balance and precipitate a glycosuria, and while cancer may possibly prove to

be one of them, it would, indeed, be drawing it fine to allow that this disease could measurably increase the quantity of sugar in the blood and never overstep the point of saturation.

This attempt to prove or exclude cancer by the presence or absence of sugar in the blood shows invention, if not genius, on the part of the experimenter; but, before he turns the medical world upside down with this discovery, he must reconsider his physiology, or verify his statements by abundant unimpeachable scientific testimony.

Carcinoma being pleasantly disposed of, it is natural that our investigator should look for the hematic manifestations of sarcoma—and of course find them. And behold, we are told that "the blood of sarcomatous patients subjected to the same process shows the presence of peptones," and that these can be easily detected by adding to the de-albuminated blood acetic acid and the "yellow prussiate of potash."

This is indeed clever, and, if it were not for some slight physiological and chemical discrepancies, might be accepted on the spot. But unfortunately peptone, like sugar, does in the well man pass in small measure into the general circulation, and the finding of traces of it here, even in a patient with sarcoma, would not prove that the neoplasm had aught to do with its presence; while, alas! some proteid other than peptone must have run the gauntlet of the chemist's primary precipitant, since true peptone gives no response to potassium ferrocyanide and acetic acid. This is laid down in physiological chemistry as primarily the test which negatively excludes peptone from all other members of the albumen family.

Now, while our readers will doubtless think that we have given Herr Freund and his discoveries more attention than they merit, they will agree that as an illustration of the ignorance of certain leaders in certain schools of medical thought, and the gullibility of their followers, the study may serve a good turn, and be ready to wager with us ten thousand pellets of the thirtieth

potency to a single suppository of the twenty-eighth power that the perpetrator of these experiments is a dealer in high dilutions, that he pins his faith to *similia similibus curantur*, that he absorbs his physiological ideas from that perennial fountain-head of science, the great Hahnemann himself, and draws his chemical lore from the classic works of Herr Philippus Aureolus Theophrastus Bombastus von Hohenheim.

Bibliography.

An Introduction to the Study of the Compounds of Carbon; or Organic Chemistry.
By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Boston: Ginn, Heath & Co. For sale by John P. Morton & Co.

This is a very timely work, and fills a place which has long awaited its coming in medical as well as general chemistry.

Professor Remsen shows himself to be a teacher, no less than an author and profound student, in the masterly and systematic manner in which he handles this otherwise difficult subject for beginners. He tells us in his preface that "the object in view was not to find a new method, but to bring out as clearly as possible the beauty and simplicity of the relations which exist between the different classes of carbon compounds." This the author has realized to a very considerable extent; and by his method of taking up and elaborating in a systematic and explicit manner some typical carbon compounds (hydro-carbons) at the very start, he prepares the way for an easy comprehension of the principles of the subject as they are unfolded. It has been the aim of the author to impress upon the understanding of the student the principles of the science, and to this end much of his space is utilized in discussing these general relations; but at the same time but little is lost in particular processes or reactions, since those bearing on the general questions are given quite fully. To the introductory chapter but little space is devoted, as it is supposed that the student has already mastered the elements of inorganic chemistry, and become familiar with the methods for purifying compounds, determining boiling and melting points, etc.

In the paragraph on structural formulæ, a piece of advice is given that should be laid well to heart; and if it were oftener done much trouble and perplexity on the part of the student, and unnecessary annoyance to the teacher would be spared: "Study with great care the reactions of compounds; study the methods of making them, and the decomposition they undergo. The formulas are but the condensed expressions of the conclusions which are drawn from the reactions."

S. F.

Sanitary Suggestions on How to Disinfect our Homes. A Resumé of the Latest and Best Information on the Household Use of Disinfectants, Deodorants, and Antiseptics, and of Practical Precautions Preventive of Cholera, Diphtheria, Scarlet Fever, and other Infectious Diseases. Prepared for popular perusal by B. W. PALMER, A. M., M. D. 16mo, pp. 58. Price, twenty-five cents. Detroit: George S. Davis, Publisher. 1885.

This is a valuable contribution to the literature of popular science, and in view of the possible invasion of our land by cholera is most timely. The work is admirably suited to the popular taste, and, while keeping his text ever within range of lay comprehension, the author recommends nothing new or old which will not bear scientific scrutiny and do service in making sanitary our homes. The physician may study the book with profit, and no doctor who reads it will fail to recommend it to his *cliente*.

Manual of Nervous Diseases, and an Introduction to Medical Electricity. By A. B. ARNOLD, M. D., Professor of Diseases of the Nervous System and Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md. With illustrations. 8vo, pp. vii and 170. New York: J. H. Vail & Co. 1885. For sale by John P. Morton & Co.

This book is a most commendable attempt to supply the medical student with an elementary text-book in neurology, and we believe that it will win for its scholarly author the gratitude of many beginners of this most perplexing branch of medical study. The topics are discussed in thirteen chapters, as follows:

Chapter 1. The Anatomy and Physiology of the Nervous System; 2. General Symptomatology of Nervous Diseases; 3. Medical Electricity; 4. Special Pathology and Therapeutics; 5. Peripheral Paralysis; 6. Spasmodic and Allied Affections; 7. Diseases of the Membranes of the Spinal

Cord; 8. Diseases of the Spinal Cord; 9. Systemic Diseases of the Spinal Cord; 10. Diseases of the Membranes of the Brain; 11. Diseases of the Brain; 12. The Classical Neuroses; 13. Unclassified Nervous Affections, such as Hysteria, Spinal Irritation, Neurasthenia, etc.

Though these general headings, with the very many special topics which naturally fall under them, represent a vast field of study, it is nevertheless true that the author has been able to lay before the student many of the essentials in each topic discussed, and when the fact is noted that these points must be mastered before the student can have any comprehension of the science, the success of the work will be conceded.

Nine carefully-executed plates adorn the volume, and admirably illustrate the author's lucid text.

The Oleates. An Investigation into their Nature and Action. By JOHN V. SHOEMAKER, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc. 16mo, pp. 121. Philadelphia: F. A. Davis, Att'y, 1217 Filbert Street. 1885.

This little book embodies the results of a careful study of the medicinal properties of this class of salts in the dermatological clinic of Dr. Shoemaker during the last ten years. The author was one of the first to employ the oleates in the treatment of skin affections, and it is due largely to his efforts that the therapeutic value of these drugs is to-day so widely known. The book gives the history and origin of the oleates, the process of their manufacture, their physiological action and therapy. It is, we believe, the only treatise extant which is devoted to this subject exclusively, and certainly holds for the practitioner a fund of fresh and valuable information. The oleates are manufactured on a large scale by Parke, Davis & Co., Detroit, Mich.

The People's Health Journal, of Chicago. A Popular Monthly Magazine devoted to Health, Hygiene, and Preventive Medicine. L. D. ROGERS, A. B., M. D., and S. IDA WRIGHT ROGERS, M. D., editors. Vol. 1, No. 1. June, 1885. Chicago, Ill., 441 Dearborn Avenue. \$1.00 a year.

This well arranged monthly, it is claimed, will be an independent health journal, the exponent of no hobby, but devoted entirely to the preservation of health and the prevention of disease. We wish it success.

On Wasting Diseases of Infants and Children. By Eustace Smith, M. D., Lond. Fourth edition. Library Medical Authors. New York: William Wood & Co. 1885.

Reflex Nervous Influence, and its Importance as a Factor in the Causation and Cure of Disease. By D. T. Smith, M. D. Read before the Orleans Parish Medical Society. Reprint from the New Orleans Med. and Surg. Jour. New Orleans: Graham & Son.

Neuralgia and the Diseases that Resemble It. By Francis E. Anstie, M. D., London, Fellow of the Royal College of Physicians; Honorary Fellow of King's College, London; Senior Assistant Physician to Westminster Hospital, etc. New York and London: G. P. Putnam's Sons, the Knickerbocker Press. 1885. For sale by John P. Morton & Co.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by Numerous Cases and Engravings. By William Roberts, M. D., F. R. C. S., Fellow of the Royal College of Physicians, London; Professor of Medicine at the Victoria University, etc., assisted by Robert Maguire, M. D., Lond., Member of the Royal College of Physicians, London, etc. Fourth edition. Philadelphia: Lea Bros. & Co. 1885.

A Practical Treatise on Nasal Catarrh and Allied Diseases. By Beverley Robinson, A. M., M. D. (Paris), Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity hospitals, etc. Second edition, revised and enlarged. With one hundred and fifty-two wood engravings. New York: William Wood & Co. 1885. For sale by John P. Morton & Co.

Hay Fever, and its Successful Treatment by Superficial Organic Alterations of the Nasal Mucous Membrane. An essay read before the Philadelphia Laryngological Society, April 24, 1885. By Charles E. Sajous, M. D., Instructor of Rhinology and Laryngology in the Post-Graduate and Spring Course, Jefferson Medical College. Illustrated with thirteen wood engravings. Philadelphia: F. A. Davis Att'y, Publisher, No. 1217 Filbert Street. 1885.

BACTERIAL PATHOLOGY.—Last week we noticed by title a neat pamphlet issued by the Industrial Publication Company, New York, embodying a series of able papers on

the exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. The papers, which attracted much attention as they appeared in the *Lancet*, will be welcomed in book form by all students in medicine, and especially by such physicians as may have little time for the study of bacteriology. The book may be read through at a sitting, and the demonstrations are so clear and carefully illustrated that the reader can not fail to profit largely by even a hasty reading. The price is only twenty-five cents.

Minor Surgical Gynecology. A Treatise of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice, including General Rules for Gynecological Operations and the Operations for Lacerated Cervix and Perineum, and Prolapsus of Uterus and Vagina, for the use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynecology at the New York Polyclinic and at Dartmouth College; Gynecologist to Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital; Vice-President to the American Gynecological Society, etc. Second edition, revised and enlarged. With three hundred and twenty-one illustrations. New York: William Wood & Co. 1885. For sale by John P. Morton & Co.

Societies.

PHILADELPHIA OO. MEDICAL SOCIETY.

Stated Meeting, May 13, 1885.

EPIDEMIC OF TYPHOID FEVER AT PLYMOUTH, PENN.*—Dr. E. O. Shakespeare gave a verbal report of the investigations which Dr. M. S. French and himself, at the request of the mayor, had made concerning the nature of the Plymouth epidemic.

They had reached Plymouth on Saturday night, May 9th, and on Sunday had an opportunity of making a post-mortem examination on one of the patients who had died from perforation. Well-marked evidences of peritonitis were found, the point of perforation being readily seen. On opening the intestine, the characteristic lesions of typhoid fever were well marked. The spleen and the liver were also enlarged and softened. Other post-mortems were made, showing the same condition. The clinical history of patients examined also corre-

*Reprinted from the Proceedings.

sponded to typhoid fever. They had remained at Plymouth two days.

He then gave the following descriptions of the conditions under which the epidemic arose:

The town of Plymouth, nine months out of the twelve, is supplied with water from a mountain stream, and during seasons of drought, occurring usually three months in the year, water from the Susquehanna River is pumped directly into the mains at the lower portion of the town.

In consequence of the frozen condition of all the streams in that portion of the country surrounding Plymouth, about the 20th of last March the usual mountain source of water supply became inadequate, and therefore the water company began on that day to pump water from the Susquehanna directly into the mains in the lower streets of the town, while the upper streets on the hillside were still supplied from the reservoirs of the mountain stream. The pumping from the river continued until the evening of the 26th, when a sudden thaw, accompanied by slight rains, again filled the reservoirs.

During the period of pumping from the Susquehanna, the water in that river was lower than it had been at any time for years, and the surface was frozen tight. The city of Wilkesbarre, containing thirty thousand inhabitants, delivers its sewage directly into the Susquehanna, the mouth of the lower sewer emptying only two miles above the Plymouth pumping-station, while the current is very rapid between the two towns. The water is further contaminated by refuse water from five or six mines, as well as by the garbage from the abattoirs at Wilkesbarre. Notwithstanding this unusually filthy condition of the Susquehanna water, it is beyond question entirely innocent of causing the epidemic, for the following and other reasons:

There was less of typhoid fever in Wilkesbarre at that time than usual. A section of Plymouth supplied exclusively by the Susquehanna water and by a few wells, containing a population of eight hundred, is entirely free from the disease, except in cases of eight persons, five of whom, previous to their attack, had been in the habit of drinking the mountain water, while two were recent cases of secondary infection. In other portions of the town the extent of the disease was in direct ratio to the amount of mountain water used, an average of one tenth of the population.

The lower portion of the town was principally supplied with the river-water during the time of the pumping, while the upper portion at the same time received the greatest supply of mountain water. The rate of sickness is two cases in the upper portion to one in the lower, the latter also having been partly supplied from the reservoir.

The mountain stream has four reservoirs, the lower one distributing water throughout the town. The water in all the reservoirs was nearly exhausted at the time of the pumping, and they were also frozen. The mountain stream is a small one, running down over a rocky bed, and on a declivity not eighty feet from its bed a dwelling is situated, wherein, during January, February, and March, was located a case of typhoid fever that is only now convalescent, the worst period of the case being about the 20th of March. The attending nurse was in the habit, during each night, of carrying the excreta from the patient and depositing it upon the ground toward the stream. The ground during all this time was frozen and covered with snow, until the thaw and rain already alluded to occurred. The poisonous character of the dejecta is not destroyed by freezing, but is only kept in a state of hibernation. A great part of the three months' accumulation of dejecta was suddenly swept into the rapidly running stream, and reached the lower reservoir as quickly as a man walking fast could have arrived there.

In fifteen days from this time the epidemic began, fifty cases occurring daily between the 10th and 20th of April. Up to the present twelve hundred have been sick and one hundred have died out of a population of eight thousand. For the first three weeks the few people in town who used well-water exclusively escaped the disease. The period of incubation varies between ten and twenty days, or longer, and therefore no other conclusion can be arrived at than that the infective poison existed in mountain water and originated from the one case of fever in the house on the side of the stream.

The doctor went on to say, that although those people who used the water from the pumps in the town escaped at first, it was now found that the new cases developed in those who use well-water. This was due to constant neglect to disinfect the excreta of patients sick with the disease. In many cases they were thrown only a few feet from the well, and in this way the well-water was

now becoming contaminated. The people early became afraid of the hydrant water, and were now in great numbers resorting to the wells. Therein is the danger of a continuance and further spread of the epidemic.

Notwithstanding the frightful lesson which the one case of fever along the source of water-supply had taught the doctors and the people, not one precaution against the possibility of secondary infection from the sick in Plymouth had been taken. Drs. French and Shakespeare were the first to inform the local relief committee and the people of their present danger, and to draft for them sanitary rules looking to disinfection of the excreta, and to rendering the drinking-water, milk, and food harmless. They had occupied none of their limited time in looking into the milk or other food-supply, for the reason that these could not possibly have been so universally contaminated as would have been required for them to have caused the sudden outbreak all over the town.

They regarded this Plymouth epidemic of typhoid fever as unique in many respects. It is one more proof that there is required for the production of typhoid fever something more than the mere contamination of drinking-water by common sewage or fecal matter; that, on the contrary, for the production of the specific, infectious, and altogether characteristic disease known as typhoid fever, there must be introduced into the human organism a specific, infectious, and characteristic cause, which is elaborated by and transmitted from a person previously sick with the disease.

It is one more example of the great injury to the public which may follow neglect of the use of disinfectants in the handling of isolated cases of infectious disease, and it is one more rebuke to those who, in spite of our modern knowledge concerning the infectious nature of typhoid fever, constantly neglect the practice of systematic disinfection.

Selections.

THE TREATMENT OF GANGRENOUS INTESTINE IN STRANGULATED HERNIA.—In a paper having the above title, W. Mitchell Banks (London Medical Times) sums up with the following conclusions:

1. That when gangrenous gut is discovered in a hernial sac no attempt whatever should be made to divide the stricture.

2. That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.

3. That the cases appropriate for resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far, the statistics of resection of gangrenous bowel show a majority of fifty-two per cent, whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (*a*) by spontaneous closure of the aperture; (*b*) by the use of the enterotome or the rubber tube; and (*c*) by the employment of resection at a later stage, the statistics of which show a mortality of only thirty-eight per cent.

4. That in resecting a bowel it is not necessary to have any apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to use some simple clamping instrument having parallel blades and covered with rubber.

LESIONS OF THE LIVER IN LATE HEREDITARY SYPHILIS.—Dr. Barthélemy shows from thirty-two cases, many of which have not been published, that late hereditary syphilis determines four varieties of lesions of the liver: (1) Lesions of an apparently purely congestive nature, characterized by a slight sensibility and augmentation of the volume of the liver, by a subicteric tint of the integument, by dyspeptic and rebellious gastro-intestinal disorders—accidents which rapidly disappear under the influence of iodide of potassium. (2) More profound lesions, determining a diffuse interstitial hepatitis—a cirrhosis rather hypertrophic than atrophic; this form of late hereditary syphilis is frequent in the earlier stages. It may be cured by a methodic treatment, but neglected it kills the patient sooner or later. Sometimes the lesions present the mixed characters of sclerosis associated with gumma; it then constitutes the sclero-gummosus form, the course of which is quite variable in different cases. (3) Lesions tending to the production of gumma in the hepatic tissues, gumma which in healing causes corrugated cicatrices so characteristically seen

in the furrowing of the surface of certain livers. (4) Finally, lesions exceedingly grave, accompanied by amyloid degeneration of the gland, the amyloid variety; another mixed form, the amylo-gummosus, is also sometimes observed. There is not, according to Dr. Barthélemy, any notable difference, from an anatomical point of view, between the hepatic lesions due to acquired syphilis and those due to hereditary syphilis; but the clinical picture is different in the sense that the infant or the young adult hereditarily infected present the characteristic facies of the diathesis—characteristics so well studied by Prof. Fournier. It is necessary, then, in the presence of any affection of the liver of doubtful cause, of unusual course, or of singular development, to suspect late hereditary syphilis, since next to alcoholism and malaria, it is the most prolific cause of hepatic lesions.—*Correspondent of Journal Cut. and Ven. Diseases.*

THE BEST PALLIATIVE TREATMENT OF PROLAPSUS UTERI ET VAGINÆ IN OLD WOMEN.—Professor Breisky details in this paper his experience with various forms of pessaries in the treatment of prolapsus. The objections he makes to the majority of them are familiar enough to us in this country. Being foreign bodies in the vagina, they act as irritants. If large enough to be at all effective—and they must be large in order to resist pressure from above—it is only a question of time when, from overdistension of the vagina, they will become too small, and must needs be replaced by still larger. To determine the instrument which, from its form, is likely to prove most effective, the question must be answered: By what mechanism is the pessary retained in the vagina? The answer is: The pessary must be of sufficient size to so distend the vagina as to rest on the pelvic diaphragm (the levator ani). His experience has led him to reject all those pessaries which have an oval or round shape, as also those typified by Zwanck's instrument. He recommends the substitution of an egg-shaped, smoothly polished instrument, and says that in his practice such an instrument has yielded him the happiest results. The objections brought against this instrument are: (1) It prevents coitus. (2) It is an obstacle to the escape of the menstrual blood. (3) It presses on the bladder and rectum. (4) The material from which it is constructed will gradually become rough. (5) it is difficult to remove. To answer these objections

categorically: Since the instrument is only intended for use in old women, the first two objections fall to the ground, to say nothing of the fact that these same objections will apply to other forms of instrument. The egg pessary will not press on bladder and rectum more than any other form, and since the instrument can readily be constructed of hard rubber, objections 3 and 4 are unfounded. The pessary may always be removed by a properly constructed forceps. Experience has further taught him that there should be no groove or hole in the instrument. The pessary should lie so closely in contact with the vaginal walls as to prevent access of air, and thus danger of erosion and catarrhal inflammation is lessened. Indeed, he questions if erosions will not heal more quickly with the pessary in position (if it be properly adapted), provided the base of the erosion be properly disinfected before the introduction of the pessary. It is also his opinion that through the use of this pessary a certain amount of tone is restored to the vaginal walls and strength added to the levator ani. While wearing this instrument, the patient is spared the trouble of taking vaginal injections, and its removal is only called for every three to six months, and then perhaps a smaller size may prove efficient. In recent cases of prolapsus, and in cases where decensus is not as yet a marked factor, Breisky recommends the application of such agents as tend to restore tone to the vagina before using the pessary. In the concluding pages of his paper, he describes the use of large cotton tampons saturated in some astringent, and calls attention to an ingenious porte-tampon he has devised, by means of which the patient may treat herself. (This method and a similar instrument have long been known in this country.) Above any method, however, and above all other instruments, Breisky places the egg pessary above described.—*American Journal of Obstetrics.*

THE CARE OF THE CORD OF THE NEW-BORN.—(*Archiv f. Gynäkol.*). Proper attention to the cord is necessary to prevent, (1) Hemorrhage and (2) inflammation with its consequences. In this paper the rules followed at the Leipzig Clinic are stated. The essential points are in regard to the best material for ligature of the cord, and in regard to the best after-treatment. As for the ligature, linen thread and silk have been rejected because of their liability to

slip with the shrinkage of the cord. From experiments made, in particular by Budin, and corroborated by the authors of this paper, the best ligature material appears to be thin rubber. On account of its contractility the danger of slipping is small, and its use in many cases has shown that, if applied double, hemorrhage is absolutely prevented. The method of ligating recommended is the following: Throw a loop around the funis, pass the free ends of the rubber band through the loop, and then, passing one free end around the funis in one direction and the other free end in the other, cross them and tie. Such a ligature is easily applied, remains in place as perfectly at the end of thirty-six hours as when first applied, and is a perfect hemostatic. As for the after-treatment of the cord, rejecting the methods which require the use of powders of various kinds, and unequivocally condemning the applications of oil or fat to the cord, the authors urge the adoption of the following as being the simplest and safest method: As soon as the child has been bathed, simply wrap the cord in cotton wool, lay it over the left abdominal wall, and wrap the abdominal bandage around it. Each morning, after the bath, renew the cotton, having first gently dried the cord. Under this management mummification goes on naturally and rapidly, and since its uniform adoption in the Leipzig Clinic not a single case of disease of the cord has been seen.—*American Journal of Obstetrics*.

THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN. In a paper on this subject read at the recent meeting of the American Surgical Association, Dr. John B. Roberts, of Philadelphia, drew the following conclusions:

Cranial Fractures—Simple fissured fractures: (1) No evident depression, no brain symptoms; no operation. (2) No evident depression, but, brain symptoms; incision of the scalp and possibly trephining. (3) Evident depression, but no brain symptoms; incision and possibly trephining. (Dr. R. would be inclined to trephine if the depression was marked, or if the fissures were sufficiently numerous to make the fracture approach the comminuted character.) (4) Evident depression, with brain symptoms; incision and trephining. Simple comminuted fractures: (5) No evident depression, and no brain symptoms; incision and probably trephining. (He would trephine

unless the comminution was found to be inconsiderable.) (6) No evident depression, but brain symptoms; incision and trephining. (7) Evident depression, but no brain symptoms; incision and trephining. (8) Evident depression and brain symptoms; incision and trephining. Compound fissured fractures: (9) No evident depression and no brain symptoms; no operation, but treatment of the wound. (10) No evident depression, but brain symptoms; trephining. (11) Evident depression, but no brain symptoms; possibly trephining (the same remark applying as in the third case). (12) Evident depression and brain symptoms; trephining. Compound comminuted fractures: (13) No evident depression and no brain symptoms; probably trephining (the same remark applying as in the fifth case). (14) No evident depression, but brain symptoms; trephining. (15) Evident depression but no brain symptoms; trephining. (16) Evident depression and brain symptoms; trephining. Punctured and gunshot fractures: (17) In all cases and under all circumstances, trephining.

Intracranial Hemorrhage. Trephining for the removal of the clot and arrest of bleeding when the probable seat of the hemorrhage was ascertainable and the clot was believed to be localized.

Intracranial Suppuration. Trephining and, if necessary, exploratory punctures in all cases of abscess.

Epilepsy following Cranial Injury. Removal of a portion of the cranium in selected cases.

Insanity following Cranial Injury. Removal of a portion of the cranium in selected cases.

Cerebral Tumor. If its situation could be ascertained, and if it was probably superficial, removal of the bone and excision of the growth, if it was found.

THE TREATMENT OF ULCERATION OF THE BOWELS IN YOUNG INFANTS.—It can not I think be questioned that speedier and more accurate information as regards the effect of remedies may often be gained from the study of chronic than of acute disease, inasmuch as the same symptoms are apt to recur again and again, and the same remedies can be put to oft-repeated tests. The following case, which I have ventured to report, has given me an amount of information it might otherwise have taken years to obtain, and possibly it may prove of service to others who have cases of a like nature

under their care. According to the mother's statement the child in question had been given up by more than one physician, and I must say myself it was one of the worst cases I have ever seen recover. At the time the little one came under my charge she was two years and eight months old. She was a perfect skeleton and quite unable to sit up in the nurse's arms. She had a sallow, waxy appearance, without a particle of color about her face except a slight hectic flush upon her cheeks. She was sick whenever she took food, which consisted entirely of milk and lime-water. The bowels were moved about every four hours and the smell was perfectly unbearable. The stools consisted almost entirely of slime and pus, streaked with blood, and adhering to the bottom of the chamber vessel even when it was held upside down. The stomach was slightly distended and tender. The previous history was as follows:

She was always rather sick from birth, but was worse after she was one year old. Had an attack of diarrhea at eight months, and the urine was discolored (so the nurse says) with blood. She has always been troubled with diarrhea on and off since. The stools were at first very large in quantity and semi-solid but not slimy. When the diarrhea was at its worst, the actions occurred about every two hours, but the usual number of times was about once every four hours. The stomach was always more or less tender and distended. At twelve months old she had pains in the joints, and one knee had to be put up in a splint; both legs were much swollen. The father had had syphilis before his marriage, but was said to be perfectly well when this took place. The child was nursed for about four months, but occasionally had a bottle of Swiss milk, then on account of sickness was fed entirely on Swiss milk and Savory and Moore's food for infants till twelve months old, then all kinds of milk were tried, goat's, ass's, etc., and subsequently farinaceous food with a little Brand's essence of beef. When I saw her she was taking cow's milk and lime-water, and this was in great measure brought up as soon as it was taken into the stomach.

The indications for treatment appeared to me to give a light and easily digestible food, moreover one which after digestion would leave as little waste material as possible, to soothe the irritation of the bowels, and to improve the condition of the blood.

As a diet, therefore, I ordered two tablespoonfuls of whey, two tablespoonfuls of barley-water, and one tablespoonful of cream to be taken at each feeding, and in the course of twenty-four hours I found she managed to dispose of half a pint of barley-water, half a pint of whey, a quarter of a pint of cream, together with, later on, one and a half ounces of milk. She also took in the twenty-four hours the white of four eggs beaten up in water, four teaspoonfuls of Brand's liquid essence of beef, and two ounces of finely-minced raw meat. I ordered the body to be thoroughly oiled night and morning, the loins and stomach to be kept warm with a flannel bandage, and the feet to be well wrapped up. In order to alter the character and frequency of the secretions, I gave three times daily a mixture consisting of the following: one minim of solution of potash; eight minims of castor oil; three quarters of a minim of tincture of opium; twenty minims of syrup of ginger, and half a dram of mucilage. Then when the pus and slime began to pass away and the bowels appeared simply relaxed, I gave two grains of bicarbonate of soda; three grains of subcarbonate of bismuth; half a minim of tincture of opium; five minims of tincture of catechu; two minims of tincture of rhubarb; five minims of compound tincture of cardamoms with a little syrup and mucilage every few hours. Next, in order to improve the condition of the blood, as soon as the secretions began to improve I ordered ten minims of the concentrated syrup of the lactophosphate of lime and iron to be given in water three times daily.

The child was ordered from the start to get plenty of fresh air provided it was dry, and the rooms in which the child lived and slept were requested to be kept quite dry, and at the same time thoroughly clean and ventilated. In the course of about one and a half years the child under this treatment made a good recovery and was able to run about by herself and eat the same as any other child. The vomiting ceased almost entirely from the time that the milk was given up. Whenever the secretions became purulent and slimy the castor oil and laudanum mixture was resorted to, and the carminative and astringent one when the bowels were simply a little relaxed. The castor oil and laudanum was successful in altering the character of the secretions not simply once or twice, but on several occasions, and I have applied it since in other

cases with uniform success. As regards the lactophosphates, I can not speak too highly of them in aiding the subsequent recovery. As Dr. Dusart states, they act as general excitants of all the nutritive functions, insure digestion, bring back or increase the appetite, and generally improve the vital energies.—*F. P. Atkinson, M. D., in Practitioner.*

CULTURE EXPERIMENTS ON THE GROWTH OF THE MICRO-ORGANISMS OF DISEASE.—Dr. Harold C. Ernst, of Boston, read a paper before the American Surgical Association of the above title, from which we take the following from the Medical News:

Most of the work in this field, he stated, has been done by Rosenbach, who has demonstrated that there are several forms of micro-organisms which are invisible with the use of the older methods of staining. The discovery by Koch of the method of culture by dry culture media has enabled Rosenbach and others to cultivate and render visible many of these otherwise invisible forms. As a specimen of work which he himself had done, he exhibited cultivations from a perinephritic abscess in which two forms of micrococci were observed, one white, the other yellow (arias and albus); one of erysipelas ten days old, and one from a tumor of the leg. In the latter specimen he had found a micrococcus which differed from any that he had seen described, in that the cultivation was of a different color. To it he had given the name sepiacoccus, but did not hold to the correctness of the term, inasmuch as the color was not a pure sepia. In his cultivations, the pus from whatever source was transferred to a sterilized fluid with all the precautions possible. The culture media which he had found best suited to all purposes was the fleisch-peptone agar-agar of the Germans. The methods of culture upon this and other media were then briefly described. He closed his remarks with a description of the difference between the comma-bacillus of cholera, as described by Koch, and that of cholera morbus, chiefly in its behavior upon the gelatine culture fluid, the former liquefying the gelatine to a greater depth in the same length of time than the latter.

In conclusion, he invited the members to examine some microscopic preparations of various germs in an adjoining room.

Dr. Warren remarked that the methods of Rosenbach promised us an easy and sure method of diagnosis in many obscure sur-

gical cases. He further narrated several cases in which culture tests in the hands of Dr. Ernst had been of considerable value to him. In one instance to which Dr. Ernst had made casual reference, a tumor of the knee was incised, a small portion of the fluid or juice removed, and a cultivation of it made. The colony resulting was of a peculiar citron color, not described in the book of Rosenbach. The tumor was removed, and microscopic examination of it revealed the fact that it was an epithelioma. He did not, however, go so far as to claim that he had found the germ of that disease. He stated that he has been in the habit of late of using sterilized cotton as a dressing of all wounds, and considered it better than ordinary applications. A temperature of 150° C. had been found sufficient to sterilize several pounds of cotton in an hour.

Dr. Ernst stated that he had not intended to claim any originality for his studies, but merely to show that when carried out according to the directions given by Rosenbach, the result of such investigations proved as described in the work of that author.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 29, 1885, to June 6, 1885:

Major S. M. Horton, Surgeon, ordered for duty as Post Surgeon, Ft. Riley, Kansas. *Major P. J. A. Clary*, Surgeon, ordered for duty as Post Surgeon, Ft. Lyon, Colorado. (S. O. 78, Dept. Mo., June 1, 1885.) *Major J. M. Brown*, Surgeon, assigned to duty as Post Surgeon at Ft. Omaha, Neb. *Captain Louis Brechemin*, Assistant Surgeon, relieved from duty at Ft. Omaha, Neb., and assigned to duty as Post Surgeon at Ft. D. A. Russel, Wyoming. (S. O. 49, Dept. Platte, May, 29, 1885.) *Captain F. C. Ainsworth*, Assistant Surgeon (Dept. Texas), ordered for temporary duty in Dept. Mo. (S. O. 58, Dept. Texas, May 25, 1885.) *Captain Joseph Y. Porter*, Assistant Surgeon, granted leave of absence for six months on account of disability. (S. O. 126, A. G. O., June 3, 1885.) *Captain Wm. B. Davis*, Assistant Surgeon, granted leave of absence for one month, from May 25, 1885. (S. O. 122, A. G. O., May 28, 1885.) *First Lieutenant R. L. Robertson*, Assistant Surgeon, leave of absence extended one month. (S. O. 123, A. G. O., May 29, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended June 6, 1885.

Wyman, Walter, Surgeon. To inspect unseviceable property at Baltimore, Md. June 6, 1885. *Carter, H. R.*, Passed Ass't. Surgeon. To inspect unseviceable property at San Francisco, Cal. June 6, 1885. *Battle, K. P.*, Assistant Surgeon. To inspect unseviceable property at New Orleans, La. June 6, 1885.